

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/19/2013	
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-HARRODSBURG				STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330			
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F 000	INITIAL COMMENTS			F 000			
F 334	<p>An Abbreviated Survey investigating, KY #00019624 was initiated on 1/14/13 and concluded on 1/19/13. KY #00019624 was substantiated with a deficiency cited.</p> <p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal</p>			F 334			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 334	<p>Continued From page 1</p> <p>immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of facility's policy, it was determined the facility failed to ensure each resident was offered an influenza</p>	F 334			

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F 334	<p>Continued From page 2</p> <p>immunization annually unless the immunization was medically contraindicated or the resident had already been immunized for one (1) of four (4) sampled residents (Resident #1). Resident #1 was admitted to the hospital for a Urinary Tract Infection on 10/22/12 and was discharged from the hospital on 10/26/12 with six (6) more days of antibiotics to be administered. The facility failed to ensure Resident #1 was offered/received the influenza immunization once Resident #1 was no longer ill after returning from the hospital. On 12/27/12, Resident #1 was admitted to the hospital with respiratory distress. Review of laboratory test, dated 01/27/12, revealed Resident #1 had a positive Influenza Type A result. Review of the hospital discharge summary revealed Resident #1 expired on 12/27/12 due to Respiratory Failure, Aspiration Pneumonia, Congestive Heart Failure and Coronary Artery Disease.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Influenza program", dated 10/14/10, revealed the facility was to place an influenza sticker on each resident's Medication Administration Record (MAR) for documentation of administration of the vaccine or the refusal of the vaccine. Additional review of the policy revealed if the resident was ill or had a fever or cold to postpone vaccination until the resident's health had improved to a degree that the vaccine may be administered. Continued review of the policy revealed a new Vaccine Information Sheet (VIS) for each year was to be given to each resident and responsible party.</p>			F 334			

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F 334	<p>Continued From page 3</p> <p>Review of the closed clinical record revealed Resident #1 was admitted to the facility, on 06/18/12, with diagnoses which include Diabetes, COPD, Congestive Heart Failure, Depression, Anxiety and Hypertension. Further record review revealed Resident #1 was admitted to the hospital on 10/22/12 with a Urinary Tract Infection (UTI) and was discharged back to the facility on 10/26/12. Review of the Hospital Discharge Summary, dated 10/26/12, revealed Resident #1 was to continue being treated with Cefuroxime (antibiotic used to treat UTI's) two (2) times a day for six (6) days.</p> <p>Review of a Quarterly Minimum Data Set (MDS), dated 11/05/12, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status exam score of twelve out of fifteen (12/15), indicating the resident was cognitively intact. Further review of the MDS revealed the facility had assessed that Resident #1 had not received the influenza vaccine in the facility because the resident was not in the facility during this year's season. Additional review of the MDS revealed it was not documented that Resident #1 had received the influenza vaccine outside of the facility or that the resident had refused the vaccine.</p> <p>Review of Resident #1's Medication Administrative Record (MAR), from 10/01/12 through 12/27/12, revealed no evidence the flu vaccine was administered nor was there an influenza sticker placed on the MAR, as stated per facility policy. In addition, there was no evidence Resident #1 or Resident #1's responsible party received a VIS form for the 2012 year.</p> <p>Review of Physician's Orders for Resident #1,</p>			F 334			

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F 334	<p>Continued From page 4</p> <p>dated 10/26/12, revealed Resident #1 was to be administered the annual flu vaccine.</p> <p>Review of the hospital medical records revealed there was no documentation that Resident #1 received the influenza vaccination while the resident was hospitalized from 10/22/12 through 10/26/12.</p> <p>Interview with Resident #1's Power of Attorney (POA), on 01/16/13 at 9:45 PM, revealed Resident #1 received a Flu shot in October of 2011 and did not receive a shot in October 2012 due to being in the hospital. Additional interview with the POA revealed she informed the facility on 10/26/12 that Resident #1 had not received the flu shot at the hospital due to being ill.</p> <p>During an interview with Registered Nurse (RN) #2, on 01/18/13 at 11:40 AM, RN #2 indicated on 10/26/12 a hospital nurse called with a report stating Resident #1 was being discharged back to the facility and had received a flu shot while in the hospital. RN #2 stated the hospital nurse stated, she would fax proof of the immunization, however the fax was never received. RN #2 revealed, she did not document the nurse's name or follow up with the hospital as to why the information was not faxed to the facility.</p> <p>Interview with Unit Manager, on 01/16/13 at 2:30 PM, revealed when Resident #1 returned from the hospital, on 10/26/12, she went to the Resident #1's room and spoke with Resident #1 and his/her POA. The Unit Manager indicated during the conversation either Resident #1 or the POA had stated the flu shot had been given in the hospital, but she could not remember which one had stated the comment. The Unit Manager stated she did not follow-up to get documentation from the hospital to verify that the flu vaccine had</p>			F 334			

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F 334	<p>Continued From page 5</p> <p>been administered because the resident was alert and oriented.</p> <p>Although the facility's Situation, Background, Assessment, Request (SBAR), completed 10/26/12, revealed Resident #1 had received a influenza vaccination in the most recent past or current influenza season at the hospital, there was no documented evidence of the date the vaccine was administered.</p> <p>Review of facility Nurse's Notes (NN) and hospital records revealed Resident #1 was admitted to the hospital, on 12/27/12, with respiratory distress.</p> <p>Review of the hospital laboratory test, dated 12/27/12, revealed Resident #1 had a positive Influenza Type A result. Review of the hospital discharge summary revealed Resident #1 expired on 12/27/12 due to Respiratory Failure, Aspiration Pneumonia, Congestive Heart Failure and Coronary Artery Disease.</p> <p>Interview with Infection Control Nurse (ICN), on 01/18/12 at 3:30 PM, revealed she was not in charge of monitoring or administering the flu vaccine to the residents because it was administered by the nurses on the floor.</p> <p>Additional interview revealed she was not aware that Resident #1 had not received a flu vaccine in October 2012. The ICN stated in her nursing opinion the nurse should have followed up with the hospital to see if Resident #1 received the flu shot while in the hospital. Further interview with ICN, on 01/19/13 at 2:00 PM, revealed residents admitted to the facility would have flu information documented in the history and physical and if the resident was alert and oriented and stated they had received the flu vaccine prior to admission/re-admission, it should be documented in the resident's medical record.</p>	F 334			

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F 334	Continued From page 6 Interview with Director of Nursing (DON), on 01/19/12 at 11:00 AM, revealed since facility staff had indicated that Resident #1 had stated he/she received the flu vaccine while in the hospital "we take their word, if they say, they had received the flu shot". Interview with Resident #1's Physician's Assistant, on 01/18/13 at 3:30 PM, revealed the recommendation was for the elderly to have a flu shot because they were at a high risk of obtaining the flu. Further interview revealed she ensured each resident had an order to receive the flu vaccine if they elected to have the vaccine, such as Resident #1.	F 334			